Meeting Summary

eHealth Technical Working Group
February 17, 2010 11:00-12:30PM

Guidance from TAC

Walter shared decisions that TAC made at its 2/16 meeting regarding project scope and particular definitions. These were in part motivated by some recent TWG discussions which prompted the desire for clarity on particular issues.

- "The scope of work of the California ehealth initiative for HIE is not confined to connecting existing HIOs within the state, but also includes value-added services to support the sustainability of the HIE infrastructure. The technical architecture will incorporate as many of these additional services as possible, as soon as possible, according to a prioritized roadmap determined by the committee."
- With respect to the principle of leveraging existing infrastructure, "existing infrastructure" refers to any infrastructure that exists for HIE within the state, including but not limited to community HIOs, private HIE infrastructure, vendor-based infrastructure, public HIE infrastructure, and health plan HIE infrastructure.
- The meaning of "leverage existing infrastructure" had been discussed at the TAC meeting and put to a vote, which was completed online. Among the options being considered were:
    1. Allocate the federal funding to expand existing HIE infrastructure, and develop/provide only those resources that are still lacking.
    2. Allow existing HIE infrastructure to continue operating and expanding unimpeded, but do not specifically allocate federal funding to it. Allocate funding to develop/provide HIE resources that won't be otherwise be provided by existing infrastructure.
    3. Some combination of the above two options, allocating federal funding to ertain existing HIE infrastructure, and also allocating federal funding to develop/provide missing resources for HIE.

  At the time of the TWG meeting, quorum had not yet been met so final results were not yet known, but preliminary results indicated that Option 3 was by far the most popular (this result was later finalized).

  Eileen Moscaritolo asked how the committee would arrive at the combination suggested in Option 3. Laura Landry replied that the next step for TAC will be to prioritize the support of meaningful use functions in the context of existing infrastructure.

Current Status of Draft Technical Architecture

The latest draft of the technical architecture has been incorporated into a draft Operational Plan by the Operations Team. The draft is available in wiki form for comments/edits from any ehealth work group at https://caheathit.pbworks.com.

Rim asked about whether there had been additional guidance from ONC about what should be included in the operational plan since some awards had just been announced. Walter responded that there had not been any new information on that issue.

Walter told the group that comments are welcome on the latest draft of the technical architecture (available on ProjectSpaces here). Changes incorporated in this version include modifications to definitions, diagram, and high-level description of Core CS-HIE Services.

At the last call, participants voted in favor of releasing the current draft to the Public Review Group. However, quorum was not reached during the call, nor was it reached through the vote held by email.

Recognizing the recent drop off in meeting attendance and participation, the co-chairs and Walter agreed to meet to discuss how to gather feedback from the group and address this issue.

Update on NHIN

Rim provided an update on activities around NHIN. There have been several recent developments, including:

- ONC is making a push to move NHIN up to production status. At last count, they have 11 current RFPs related to NHIN to support a variety of activities.
- At the end of January, the NHIN specifications group released a production version of the NHIN specifications at http://hit.hhs.gov. The NHIN infrastructure specifies the establishment of a root CA and a directory of discoverable web service endpoints based on UDDI. There may be implications for our approach to directories and patient consent models. Rim will upload these onto the project space.
- Additional specifications regarding the NHIN on-boarding process are being developed and are anticipated to be available soon, since SSA has just announced 15 awards to organizations for the exchange of data with SSA using the NHIN, for which they will be on-boarded.
- Recent discussions at the HIT Policy Committee and HIT Standards Committee have centered around relaxing or simplifying some of the standards for HIE, as the standards suggested by NHIN are perceived as being too difficult to follow. As a result, some flexibility pertaining to standards are being introduced into the meaningful use criteria.
- The most recent version of the CONNECT open-source software gateway (v.2.3) implements NHIN production specifications with the exception of the UDDI service registry and certificate revocation against the root CA, since those services were not available yet. Version 2.4 will implement these against a test UDDI service registry and test root CA.
- Currently, NHIN supports two information exchange patterns between entities: query and response, and publish and subscribe. A third pattern involving a push model will be released in the near term (next 1-2 months), which will include support for push transactions involving data such as lab results, quality reports, clinical summaries, and supporting documents for claims.

Implications for HIE in California

Walter asked what the implications are for HIE in California, given the availability of these tools and specifications. The following points were made in response.

- Rim suggested that it will be important for the CS-HIE services to provide more value than what is available through the NHIN, otherwise organizations may opt to use the NHIN tools and infrastructure.
- We might be able to leverage certain NHIN assets, e.g. CONNECT, by designing our architecture to align with NHIN.
- The NHIN UDDI service directory is analogous to the CS-HIE Entity Registry. It is unclear, however, what limitations will be imposed as to which organizations will be allowed onto NHIN. For instance, a single practitioner may not be allowed to connect directly to NHIN, but instead may be required to connect via a state HIO which can connect to the NHIN. Also, the NHIN service directory lists only organizations, and there are no current specifications involving provider directories.
- Laura Landry mentioned that the California eHealth Collaborative has been in talks with the ONC to explore whether there might be an opportunity for California to become a partner for the development of additional NHIN specifications. Rim added that privately, ONC is hoping that the states will be able to solve certain issues such as the provider directory. If this indeed occurs, then it could be expected that CONNECT would support these additional approaches.
- Given that there is a recognized need within NHIN for provider directory specifications, the design and approach taken with the CS-HIE Provider Directory Service could potentially be may be viewed as a valuable contribution by ONC.
- How states will interact and/or leverage the root Certificate Authority is a point of active discussion. Possibilities include a federated model of certificate authorities and states being able to leverage the root CA. There have also been discussions about adding a distinction between first- and second-class organizations and allowing more entities at the state level to use the NHIN through this second-class designation. The vendor providing the root CA is a commercial PKI vendor and would undoubtedly be able to contract with the state should that be of interest.
- Rim Cothren made it clear that in his opinion, while NHIN offers elements that the current project could potentially leverage to support HIE in California, nevertheless there are significant limitations to the NHIN approach, e.g. lack of provider directories.
- Laura Landry stated that the NHIN is designed to be used by organizations that are already aggregating data and have significant HIE infrastructure, including HIOs and large healthcare organizations/systems, as opposed to smaller entities (e.g., a typical practice or IPA). The intention has been that smaller entities would only indirectly interact with the NHIN through another HIE-capable entity, e.g., an HIO.

HIE Services for Administrative Transactions

The meeting turned to a discussion of potential HIE services to support administrative transactions, since TAC had identified that this was an area of high value. Walter shared a possible model of such

services that had been developed in the course of a separate project with which Sujansky & Associates is involved. The hypothesized model arose from an evaluation of the feasibility of an all-payer-portal in California to consolidate and aggregate the administrative information provided by payers to providers using a uniform interface that replaces the myriad separate web portals offered by health plans. The model consists of the following:

- An "all-payer-portal" (APP) consisting of a web portal server and an EDI engine.
- The portal server provides single sign-on to the provider portals of all participating health plans. On the front-end, this means that provider offices only need to sign on once to the APP in order to access the web portals of all the health plans.
- The EDI engine communicates on the back end with all participating health plan databases. Practice management systems can interface with the EDI engine to engage in EDI transactions with multiple health plans.

The following comments about the APP model were elicited from the group:

- Tim Andrews asked for clarification on the whether there would be a charge to use the service, particularly for EDI transactions. Walter clarified that the health plans would pay for the service (as is being done currently with NEHEN in Massachusetts), since this solution would help eliminate costs associated with clearinghouses.
- Laura Landry observed that based on discussions in TAC, there would also be value to IPAs in the data transformation services provided by the EDI engine.
- Rim Cothren noted that the EDI channel of the solution is straightforward in that the system-level authentication and standards needed to complete transactions are supported by the proposed trust framework and CAQH Core Phase 2 rules. For the web portal single sign-on solution, individual identity management would need to be provided by some entity so as to produce sufficient trust, whether this be the state or a commercial third party identity provider. In his opinion, a federated trust model would be sufficient at the state level.
- Tim Andrews and Walter agreed that the question of trust is critical, and that whether the current trust framework proposed in the technical architecture sufficiently engenders trust will to a large extent only be answered by whether organizations actually participate. Walter mentioned that the Provider Identity service in the architecture does provide an optional method for reliable authentication to entities that otherwise may not be sufficiently trusted by counterparties.
- Laura pointed out that feedback from TWG regarding the implications of the trust framework within the context of concrete scenarios would be helpful feedback for TAC to consider in recommending policy and providing further guidance. Tim agreed, suggesting that the group define some specific scenarios and interactions for TAC and stakeholder legal counsel to review under the assumption of a federated trust model.
- Walter observed that the exchange of administrative data has a lower trust requirement than other kinds of data including clinical data. Thus, services such as an APP to support administrative transactions may still be viable even if trust for the exchange of clinical information is not sufficient within a federated trust framework. Tim agreed, adding that it is in

the economic interest of plans to engage in electronic data exchange with providers because of the need to compete and the desire to lower costs. The greater the incentive/value, the greater the tolerance for risk.

- For the EDI component, practices could either have an entry in the Entity Registry service or be part of a larger enterprise that constitutes the legal entity. There was some concern about the burden on small physician practices that this requirement could impose, and how this might hinder use of the service by practices not currently in the registry.

There was general agreement that there would be value in presenting the model to the TAC for further discussion.

Summary of Key Questions/Issues/Decision Points:

- Waning participation on TWG is a concern and will need to be addressed.
- Is the proposed federated trust framework able to provide a sufficient level of trust to enable HIE? Implications of the federated trust framework should be made clear to the TAC for legal review and recommendations.

Next Steps:

- Rim, Scott, and Walter will meet to discuss how to address TWG participation.
- Rim will upload the latest NHIN production specifications onto the project space.
- The all-payer portal model of HIE services for administrative transactions will be shared with TAC for input.
- Next meeting is scheduled for Wednesday, 2/24 11AM-12:30PM.

Members Present

Name	Organization
Jane Brown	Nautilus Healthcare Management Group
Scott Cebula	Independent
Scott Christman	CA Dept. of Public Health
Paul Collins	CA Dept. of Public Health
Robert("Rim") Cothren	Cognosante, Inc.
Jeff Evoy	Sharp Community Medical Group
Jen Herda	Long Beach Network for Health
Laura Landry	Long Beach Network for Health
Lee Mosbrucker	CA Office of the Chief Information Officer
Eileen Moscaritolo	CalOptima
Kris Young	CA Office of Health Information Integrity

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung